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APPLICANTS

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** CONTINUING DATA *****
SLP

** FOREIGN APPLICATIONS *****
SLP

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>SLP</i>	STATE OR COUNTRY NY	SHEETS DRAWING 8 <input checked="" type="checkbox"/>	TOTAL CLAIMS 10 <input checked="" type="checkbox"/>	INDEPENDENT CLAIMS 1 <input checked="" type="checkbox"/>
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ADDRESS

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TITLE

Detecting the presence of failure(s) in existing man-made structures *SLP*

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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